



Residential Survey for the Habilitation Supports HCBS Waiver

Expected Respondent: The Habilitation Supports Waiver Residential Provider who has direct knowledge of the individual's day-to-day residential supports and/or the operational and administrative activities of the provider agency.

Provide the respondent's contact information for further questions:

Name: [Click here to enter text.](#)

Position/Title: [Click here to enter text.](#)

Contact Phone Number: [Click here to enter text.](#)

Contact Email Address: [Click here to enter text.](#)

Instructions: Provide a response to each question, taking into consideration all individuals who live at the address. If responses vary based on individual needs, provide your response if it impacts or is present for at least one individual who is living in the setting. Most of the questions asked for "additional information" to support the response provided. At the end of each survey section, indicate what evidence can be offered to support your responses. **Do not provide any additional documentation separate from the completed survey;** simply give a written description of the additional information. Responses to this survey and supporting information may be verified at a later date with an on-site visit.

Note: If you have general questions about completing the survey, please contact the Michigan Department of Community Health at HCBSTransition@michigan.gov. If your questions are specific to the Habilitation Supports HCBS Waiver, please contact the Habilitation Support Waiver Program at QMP-Federal-Compliance@michigan.gov.

Name of the Setting or Location: [Click here to enter text.](#)

Residential Support Provider Address: [Click here to enter text.](#)

City, State, Zip Code: [Click here to enter text.](#)

Contact Phone Number: [Click here to enter text.](#)

Michigan Department of Human Services, Bureau of Children and Adult Licensing (BCAL) License Number (if applicable): [Click here to enter text.](#)

If BCAL number is not available, enter National Provider Identification (NPI) Number: [Click here to enter text.](#)

What is the person's Habilitation Waiver Supports Application (WSA) Identification Number?:

Click here to enter text.

Note: Please contact your local Community Mental Health Habilitation Supports Waiver Coordinator/Liaison to identify the individual via the WSA number. Enter this number, then complete the survey describing the supports provided to this person.

Section 1: Provider Background of Residential Living Supports

1. Type of Residence: HCPCS Residential Service Code
 - a. ☐ Private residence with natural or adoptive family [if checked, **STOP** survey]
 - b. ☐ Private residence for self or with spouse or non-relatives [if checked, **STOP** survey]
 - c. ☐ Specialized residential home
 - d. ☐ Adult Foster Care
 - e. ☐ Living in a private residence that is owned by the Pre-Paid Inpatient Health Plan (PIHP), Community Mental Health Service Program (CMHSP), or the contracted provider, alone or with spouse or non-relative

If you checked boxes "a" or "b" in question 1 of this section, **STOP** survey.

2. Contract with PIHP(s): Answer the following question if you checked boxes "c", "d", or "e" in question 1 of this section.
 - a. Does the setting have contracts with more than one PIHP or CMHSP?
☐ Yes
☐ No
 - b. If this is a licensed living arrangement under BCAL, what is the maximum number of individuals the home is licensed to serve: Click here to enter text.
 - c. What is the total number of people living at the home? Click here to enter text.
 - d. Complete the table to indicate the population characteristics of participants within the setting. **Each person should be listed only once in the most appropriate category:**

| Type of primary disability | Number of people with this primary disability who are living in this setting |
|--|--|
| Intellectual or Developmental Disabilities | Click here to enter text. |
| Mental Illness | Click here to enter text. |
| Physical Disabilities | Click here to enter text. |
| Traumatic Brain Injury | Click here to enter text. |

Section 2: Physical Location and Operations of Residential Living Supports

1. Is the residence located in the same building or on the same campus as an institutional treatment option (as defined in the glossary on the last page of this survey)?
☐Yes
☐No
2. Does the provider operate or manage multiple home settings which are (1) on the same campus, (2) located close together, or (3) offer a continuum of care?
☐Yes
☐No
3. Is the residence intended for people with the same diagnoses or disabilities?
☐Yes
☐No
4. Is the residence located in the same building or campus with an educational program, school, or child-caring institution?
☐Yes
☐No

Provide additional information to support responses in Section 2: Physical Location and Operations of Residential Setting: [Click here to enter text.](#)

Section 3: Community Integration of Residential Setting

1. Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services (e.g. visitors who are friends, family members, others in the larger neighborhood or community)?
☐Yes
☐No
2. Who assists individuals in accessing social and/or recreational activities in the community (check all that apply)?
 - ☐Direct Support Workers
 - ☐Home Manager(s)
 - ☐Case Manager/Supports Coordinator
 - ☐Family/Friends
 - ☐Volunteer(s)

3. Do individuals participate in any of the following activities of their choosing in the community (check all that apply)?

- ☐ Individual shopping
- ☐ Religious or spiritual services
- ☐ Scheduled appointments (personal or medical)
- ☐ Meals with friends or family
- ☐ Recreation activities
- ☐ Community events
- ☐ Volunteer community services
- ☐ Community employment
- ☐ School or education
- ☐ Other: [Click here to enter text.](#)

4. Visitors to the residence:

- a. Does the residence allow for visitors at anytime (no specified visiting hours or schedules)?
 - ☐ Yes
 - ☐ No: If marked, why? [Click here to enter text.](#)
- b. Does the residence allow for exceptions to the visiting hours to address special circumstances?
 - ☐ Yes
 - ☐ No: If marked, why? [Click here to enter text.](#)

5. Can the PIHP/CMHSP Staff visit at any time without permission?

- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)

Provide additional information to support responses in Section 3: Community Integration of Residential Setting: [Click here to enter text.](#)

Section 4: Individual Rights within Residential Setting

1. Does each individual have a lease or residential agreement for the residential setting?
- ☐ Yes
 - ☐ No: If marked, why? [Click here to enter text.](#)

2. Does the lease or residential agreement provide each individual who is receiving Medicaid funded HCBS services with information on the eviction process and a means to appeal an eviction?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
3. Are policies outlining individual rights, protections, and expectation of services provided to individuals in an understandable format?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
4. Is information about filing a complaint posted in an obvious location in an understandable format?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
5. Have individuals been provided with information on how to request new housing?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
6. Are individuals informed about how to discuss their concerns with residence staff?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
7. Do individuals know the person to contact for completing an anonymous complaint?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
8. Does the setting protect the privacy of an individual's health and personal information?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)
9. Do staff discuss individual resident issues in public spaces?
☐Yes
☐No: If marked, why? [Click here to enter text.](#)

10. Do staff address individuals in the manner in which the individual would prefer to be addressed?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
11. Do individuals have access to their personal funds as appropriate?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
12. Do individuals have control over their personal funds as appropriate?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
13. Do individuals have a secure place (e.g. locker or lockbox) to store their personal belongings?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
14. Do individuals have options within the setting to choose who provides their services and supports?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
15. Are individuals able to update or change their services and supports that they receive based on their preferences and needs?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
16. Does the setting allow individuals to participate in adult, legal activities as appropriate (e.g. voting in public elections when 18 years of older)?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
17. Do staff receive training and continuing education on individual rights and protections?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)

18. Does the setting prohibit the use of physical restraints and/or restrictive intervention (unless documented and agreed upon in the person centered plan)?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

Provide additional information to support responses in Section 4: Individuals Rights of Residential Settings: [Click here to enter text.](#)

Section 5: Individual Experience within Residential Setting

Individual Preferences with Home Setting

1. Individual Privacy and Doors

a. Can individuals close and lock their bedroom door?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

b. Do individuals have keys to their bedroom door?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

c. Do bedroom doors have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn of the knob)?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

d. Can individuals close and lock their bedroom door?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

e. Do bathrooms have doorknobs that may be unlocked from the inside with one motion (automatically unlocks with one turn of the knob)?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

f. Can individuals decide if staff members have a key or keypad access to one's private spaces (bedroom, bathroom)?

☐Yes

☐No: If marked, why? [Click here to enter text.](#)

2. Meals and Food

- a. Does the setting allow individuals to have meals/snacks at the time and place of their choosing?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

- b. Can individuals choose what they eat, as appropriate?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

- c. Can individuals choose to eat alone or with others?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

- d. Do individuals have access to food at any time, as appropriate?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

3. Clothes and Apparel

- a. Can individuals choose what clothes to wear?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

- b. Can individuals receive assistance with dressing if necessary?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

4. If an individual has access to a personal communications device (cell phone, landline phone, personal computer, tablet), can he or she use this device in private at any time?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

5. If an individual has access to a **shared** communication device (cell phone, landline phone, personal computer, tablet), can the device be used in a location that allows for private communication?

☐ Yes

☐ No: If marked, why? [Click here to enter text.](#)

6. Do individual bedrooms offer a telephone jack, wireless internet, or an Ethernet jack?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
7. If there are cameras and visual/audio monitors present in the individual's bedroom or bathroom, was the equipment installed to meet an assessed or documented need for the individual?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
8. If an individual needs assistance with personal care, does he or she have privacy when receiving this support?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
9. Do individuals who share a personal space/bedroom have a choice in roommate(s)?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
10. Do individuals arrange and control their personal schedule of daily appointments and activities (e.g. personal care, events, etc.)?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)

Freedom of Access in the Home Setting

11. Do individuals have full access to the home's common areas? Complete the table below.

| <i>Home's Common Areas</i> | <i>Do individuals have full access?</i> | <i>Can individuals access these common areas at any time?</i> |
|----------------------------|---|---|
| Kitchen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dining Area | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laundry | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comfortable Seating Area | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bathroom | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If the setting does not provide full access to the home's common areas, please explain why there are restrictions: [Click here to enter text.](#)

12. Is access to the house common areas limited only for health and safety reasons according to approved individual support plans?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
13. Is there space within the home where individuals may meet with visitors to have private conversations?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
14. Are individuals free to come and go from the home setting without restrictions?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
15. Are individuals free to move about the inside and outside space of the home setting?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)

Physical Accessibility of the Home Setting

16. Is the home physically accessible to all individuals? For example does the home have grab bars, shower chairs, or wheelchair ramps if needed?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
17. Are the home's household appliances physically accessible to all individuals?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
18. Is the home without gates, locked doors, or other barriers preventing entrance or exit from common areas of the home (i.e. kitchen, dining area, laundry, comfortable seating area, and bathroom)?
- ☐ Yes
- ☐ No: If marked, where and why? [Click here to enter text.](#)

Accessibility within the Community

19. Is accessible transportation available for individuals to make trips within the community?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)
20. If public transit is limited or unavailable, do individuals have other resources to access the broader community?
- ☐ Yes
- ☐ No: If marked, why? [Click here to enter text.](#)

Provide additional information to support responses in Section 5: Individual Experience within Residential Setting: [Click here to enter text.](#)

Glossary

Survey Acronyms and Definition of Survey Terms

BCAL: Bureau of Children and Adult Licensing

CMHSP: Community Mental Health Service Program

HCBS: Home and Community Based Services through Medicaid waiver program (e.g. Habilitation Supports Waiver)

HSW: Habilitation Support Waiver

IPOS: Individual Plan of Service

PIHP: Pre-paid Inpatient Health Plan

“As appropriate”: When it is specified in an individual’s Personal Safety Plan, Positive Behavior Support Plan, Physician’s Orders, or other similar protocol unique to the individual.

Individual Plan of Service: The services and supports that will assist the individual to work towards one’s desired goals and outcomes as defined through the person centered planning process. The services and supports must be medically necessary and defined in terms of amount, scope, and duration.

Person-Centered Planning: A way for individuals to plan their lives with the support and input from those who care about them. The process is used for planning the life that the individual aspires to have—taking the individual’s goals, hopes, strengths, and preferences and weaving them in plans for a life with meaning. The process is used anytime an individual’s goals, desires, circumstances, preferences, or needs change.

Positive Behavioral Support Plan: An individual need that is identified in the person-centered planning process. The individual or his/her legal representative must be given prior consent to implementation of the plan. Plans that incorporate restrictive or intrusive techniques must be reviewed and approved/disapproved by the local PIHP Behavioral Treatment Committee (Habilitation Supports Waiver).

Treatment center: A facility is a place where some or all of these services are provided: group therapy, individual therapy, on-site activities, behavioral support, psychiatric services, nursing supports, and vocational employment/training. The person also lives in the facility or on its property.